

MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION LICENSING SECTION

APPLICATION FOR LIMITED LINES SELF-SERVICE STORAGE INSURANCE PRODUCER LICENSE

P.O. BOX 690 OR
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES
JEFFERSON CITY, MISSOURI 65102
THIS FORM MAY BE DUPLICATED

PLEASE PRINT OR TYPE									
1. SOCIAL SECURITY NUMBER				2. DATE OF BIRTH					
3. LAST NAME	JR./SR., ETC	i.		4. FIRST NAME				5. MIDDLE NAME	
6. RESIDENCE/HOME ADDRESS (PHYSICAL ST	REET) 7. P.C	D. BOX	B. CITY			9.	STATE	10. ZIP CODE	11. COUNTRY
12. HOME TELEPHONE NUMBER 13. MOBILE TELEPHO				MBER 14. PERSONAL			4. PERSONAL I	EMAIL ADDRESS	
15. GENDER (CHECK ONE) Male Female 16. ARE YOU A CITIZEN OF THE UNITED STATES? (CHECK ONE) (IF NO, PLEASE ATTACH DOCUMENTATION THAT PROVES YOUR ELIGIBILITY TO WORK IN THE UNITED STATES) Yes No If no, of which country are you a citizen?									
17. BUSINESS ENTITY NAME									
18. BUSINESS ENTITY ADDRESS (PHYSICAL STREET)		19. P.O. E	19. P.O. BOX 20. CITY					22. ZIP CODE	23. COUNTRY
24. BUSINESS TELEPHONE NUMBER (INCLUDE EXT.) 25. B		BUSINESS FA	ISINESS FAX NUMBER		26. BUSINESS EMAIL ADDRESS			27. BUSINESS WEBSITE ADDRESS	
28. APPLICANT'S MAILING ADDRESS 29.	. P.O. BOX	OX 30. CITY					STATE	32. ZIP CODE	33. COUNTRY
34A. LIST ALL OTHER ASSUMED, FICTITIOUS, ALIAS, MAIDEN OR TRADE NAMES YOU HAVE USED IN THE PAST.									
34B. LIST ALL TRADE NAMES UNDER WHICH YOU ARE CURRENTLY DOING BUSINESS OR INTEND TO DO BUSINESS.									
EMPLOYMENT HISTORY									
35. Account for all time for the pa	ast five vea	ars. List a	all emplovment e	xperience	starting	with vo	ur current	emplover wor	king back five vears.
Include full and part-time wor									9
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				MONTH	YEAR	MONTI	H YEAR	PO	SITION HELD
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NAME	'	'							
CITY	STATE		COUNTRY						
BACKGROUND INFORMATION	<u>'</u>	'					'	•	
36. The Applicant must read the	following ve	ery carefu	ully and answer	every que	stion. All	written	statements	s submitted by	the
Applicant must include an ori			•						
Have you ever been conv									
sentence ("SIS") or susper			, , ,	•			•	•	
"Crime" includes a misden									
	misdemeanor traffic citations or misdemeanors: driving under the influence (DUI), driving while intoxicated (DWI),								
driving without a license, reckless driving, or driving with a suspended or revoked license. You may also exclude misdemeanor juvenile convictions. You must include felony DUI and DWI convictions.									
·									
"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having entered an Alford Plea, or having been given probation, a suspended sentence,									
or a fine.									

BACKGROUND INFORMATION

"Had a judgment withheld or deferred" includes circumstances in which a guilty plea was entered and/or a finding of guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence – sometimes called an "SIS" or "SES").

Unless excluded by the language above, you must disclose convictions that have been expunged.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document that demonstrates the resolution of the charges or any final judgment.

2. Have you ever been named or involved as a party in an administrative proceeding or action regarding any professional

or occupational license or registration, or regarding the lack of such license or registration?

"Involved" means having a license censured, suspended, revoked, canceled, terminated or being assessed a fine, a voluntary forfeiture, a cease and desist order, a prohibition order, a consent order, or being placed on probation. "Involved" also includes the act of surrendering a license to resolve an administrative proceeding or action. "Involved" also means being named as a party to an administrative or arbitration proceeding that is related to a professional or occupational license or is related to the lack of such license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You must INCLUDE any business so named because of your actions or because of your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability

Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or

failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document that demonstrates the resolution of the charges and/or a final judgment.
- 3. Has any demand been made or judgment rendered against you or any business of which you are or were an owner, partner, officer or director, or member or manager of a Limited Liability Company, for overdue monies by a provider, an administrator, an insurer, an insured, or a producer?

Have you or any business of which you are or were an owner, partner, officer or director, or member or manager of a Limited Liability Company ever been subject to a bankruptcy proceeding?

 \square YES \square NO

☐YES ☐NO

☐YES ☐NO

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of the demand or judgment.
- b) a certified copy of the judgment, a copy of the demand, and copies of any other relevant documents,
- c) a certified copy of the official document that demonstrates the resolution of the demand or judgment,
- d) a written statement detailing the case number, type of bankruptcy, the court it was filed before, and summarizing the details of the indebtedness and arrangements for repayment,
- e) a certified copy of the "Notice of Bankruptcy" or its equivalent, and
- f) a certified copy of the "Order Discharging Debtor" or its equivalent.
- 4. Have you failed to pay state or federal income tax?

☐YES ☐NO

Have you failed to comply with an administrative or court order directing payment of state or federal income tax?

□YES □NO

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each administrative or court order,
- b) copies of all relevant documents (i.e. demand letter from the Department of Revenue or Internal Revenue Service, etc.),
- c) a certified copy of each administrative or court order, judgment, and/or lien, and
- d) a certified copy of the official document that demonstrates the resolution of the tax delinquency (i.e. tax compliance letter, etc.).
- 5. Are you currently a party to, or ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

□YES	\square NO

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- a certified copy of the Petition, Complaint or other document that commenced the lawsuit and/or arbitration, or mediation proceedings, and
- c) a certified copy of the official document that demonstrates the resolution of the charges and/or a final judgment.

	CIN	GROUND INFORMATION			
	6.	Have you ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?	□YES □NO		
		Has any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?	□YES □NO		
		Have you or any business in which you are or were a member or manager of a Limited Liability Company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?	□YES □NO		
		If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving a motor vehicle extended service contract producer license, and b) copies of all relevant documents.			
	7.	Do you currently have or have you had a child support obligation?	□YES □NO		
		If you answer yes: a) are you in arrearage? b) by how many months are you in arrearage? months	□YES □NO		
		 c) what is the total amount of your arrearage? d) are you currently subject to a repayment agreement to cure the arrearage? (If you answer yes, provide documentation showing an approved repayment plan from the appropriate state child support agency.) 			
		e) are you in compliance with said repayment agreement? (If you answer yes, provide documentation showing proof of current payments from the appropriate state child support agency.)f) are you the subject of a child support related subpoena/warrant? (If you answer yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support			
		agency.) g) have you ever been convicted of a misdemeanor or felony for failure to pay child support?	☐YES ☐NO☐YES ☐NO		
	DI I	CANT'S CERTIFICATION AND ATTESTATION			
		ne Applicant must read the following very carefully:			
07.		is Applicant must rought to consuming very carefully.			
	1.	I hereby certify, under penalty of perjury, that all of the information submitted in this application and attachments is true I am aware that submitting false information or omitting pertinent or material information in connection with this applica- for license revocation or denial of the license and may subject me to civil or criminal penalties.	•		
		I am aware that submitting false information or omitting pertinent or material information in connection with this applica	ation is grounds		
	2.	I am aware that submitting false information or omitting pertinent or material information in connection with this application for license revocation or denial of the license and may subject me to civil or criminal penalties. I further certify that I grant permission to the Director to verify my information with any federal, state and/or local government.	ation is grounds rnment agency, or b) I have an		
	2.	I am aware that submitting false information or omitting pertinent or material information in connection with this application for license revocation or denial of the license and may subject me to civil or criminal penalties. I further certify that I grant permission to the Director to verify my information with any federal, state and/or local government or former employer, or insurance company. I further certify, under penalty of perjury, that a) I have no outstanding state or federal income tax obligations, outstanding state or federal income tax obligation and I have provided all information and documentation requested	rnment agency, or b) I have an in Background d I am currently repayment plan		
	 3. 4. 	I am aware that submitting false information or omitting pertinent or material information in connection with this application for license revocation or denial of the license and may subject me to civil or criminal penalties. I further certify that I grant permission to the Director to verify my information with any federal, state and/or local government or former employer, or insurance company. I further certify, under penalty of perjury, that a) I have no outstanding state or federal income tax obligations, outstanding state or federal income tax obligation and I have provided all information and documentation requested Information Question 36.4. I further certify, under penalty of perjury, that a) I have no child support obligation, b) I have a child support obligation and in compliance with that obligation, or c) I have a child support obligation that is in arrears, I am in compliance with a material information or constitution of the license and may subject me to civil or criminal penalties.	rnment agency, or b) I have an in Background d I am currently repayment plan estion 36.7. agency, or any		
	 3. 4. 5. 	I am aware that submitting false information or omitting pertinent or material information in connection with this application for license revocation or denial of the license and may subject me to civil or criminal penalties. I further certify that I grant permission to the Director to verify my information with any federal, state and/or local government or former employer, or insurance company. I further certify, under penalty of perjury, that a) I have no outstanding state or federal income tax obligations, outstanding state or federal income tax obligation and I have provided all information and documentation requested Information Question 36.4. I further certify, under penalty of perjury, that a) I have no child support obligation, b) I have a child support obligation and in compliance with that obligation, or c) I have a child support obligation that is in arrears, I am in compliance with a to cure the arrears, and I have provided all information and documentation requested in Background Information Question I authorize the Director to give any information concerning me, as permitted by law, to any federal, state or municipal other governmental organization. I further release the Director and all persons acting on the Director's behalf from any	ernment agency, or b) I have an in Background d I am currently repayment plan estion 36.7. agency, or any y and all liability		
	 3. 4. 6. 	I am aware that submitting false information or omitting pertinent or material information in connection with this application for license revocation or denial of the license and may subject me to civil or criminal penalties. I further certify that I grant permission to the Director to verify my information with any federal, state and/or local government or former employer, or insurance company. I further certify, under penalty of perjury, that a) I have no outstanding state or federal income tax obligations, outstanding state or federal income tax obligation and I have provided all information and documentation requested Information Question 36.4. I further certify, under penalty of perjury, that a) I have no child support obligation, b) I have a child support obligation and in compliance with that obligation, or c) I have a child support obligation that is in arrears, I am in compliance with a to cure the arrears, and I have provided all information and documentation requested in Background Information Question I authorize the Director to give any information concerning me, as permitted by law, to any federal, state or municipal other governmental organization. I further release the Director and all persons acting on the Director's behalf from any of whatever nature by reason of furnishing such information. I acknowledge that I understand and will comply with the self-service storage laws and regulations of Missouri are	rnment agency, or b) I have an in Background d I am currently repayment plan estion 36.7. agency, or any y and all liability and of any other		

ADDI ICANTIO OEDTICIO	TION AND ATTECTATION (CONTINU	IED)	
APPLICANT'S CERTIFICA APPLICANT'S ORIGINAL SIGNATURE	TION AND ATTESTATION (CONTINU	JED)	
FULL LEGAL NAME (PRINTED OR TYPE	ED)		
MONTH/DAY/YEAR			
NOTARY NOTARY PUBLIC EMBOSSER OR	STATE		COUNTY (OR CITY OF ST. LOUIS)
BLACK INK RUBBER STAMP SEAL	SIAIL		COUNTY (ON OTH OF ST. EDOIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF NOTARY PUBLIC SIGNATURE	YEAR MY COMMISSION	USE RUBBER STAMP IN CLEAR AREA BELOW.
	No with Fobble did with the	EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		
INSTRUCTIONS			<u> </u>
	bmit a nonrefundable \$100 applicati	on fee in the form of a	check or money order, made payable to DIFP -
Insurance.			
Mail completed applica	tion to: MO DIFP – Insurance		
	P.O. Box 4001	204	
	Jefferson City, MO 65102-40	001	